

**STATE OF IDAHO - STARS**  
**VENDOR ENROLLMENT FORM**

**and IDAHO ELECTRONIC PAYMENT SYSTEM (IEPS)**

AGENCY NAME	AGENCY CODE	CONTACT NAME	PHONE # - EXT	DATE

State agencies should submit only the VENDOR-21 to the State Controller's Office unless setting up an EFT.

Please check appropriate box:

ADD NEW VENDOR	ADD NEW SUFFIX	CHANGE NAME/ADDR	CHANGE NUMBER	ADD NEW EFT	CHANGE EFT INFORMATION	CANCEL EFT PROCESSING

**PAYEE/BUSINESS/INDIVIDUAL/VENDOR INFORMATION**

A completed **IRS FORM W-9** must accompany this form when submitted directly by the vendor (payee).

	<b>SFX*</b>	<b>SSN or FEDERAL EIN</b> <i>Number under which taxes are reported</i> (SSN-social security number or Federal EIN - federal employer identification number).
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**\*State agencies should check 2N screen on-line and supply SFX (suffix number). Vendor (payee) may leave SFX blank.**

VENDOR TYPE (choose one from below)	VENDOR STATUS (choose one)	CHG/W-9 AGY	1099 NAME/ADDR
See <b>IRS FORM W-9</b> for more information. <b>I</b> – Individual/sole proprietor (1099 Ind = Y) <b>C</b> – Corporation (1099 Ind = N) <b>P</b> – Partnership (1099 Ind = Y or N) <b>G</b> – Government (1099 Ind = N) <b>N</b> – Non-Profit (1099 Ind = N) <b>O</b> – Other (1099 Ind = Y or N) <b>E</b> – Employee (1099 Ind = N, match EIS)	<b>0</b> – New/active vendor (requester) <b>1</b> – Inactivate number, tax responsibility changes. Keep separate from new number. <b>2</b> – Inactivate number, tax responsibility remains the same, correcting or changing number. Combine with old number. <b>3</b> – Lien/Garnishment (payment is sent to lien/garnishment requester).	<b>State agency no.</b> <b>W-9 AGY:</b> If new vendor, this agency should have the W-9. <b>CHG AGY:</b> Vendor is on, agency changing information has W-9, if required.	<b>Y</b> = The name and address on this form is the address to send the 1099-MISC, if applicable. Use for new vendor number or correcting suffixes. <b>Blank</b> = See other suffix for tax name and address.

SORT SEQUENCE (max. 10 digits)	SS EIN NUMBER / SFX (latest number)	1099 INDICATOR (see Vendor Type)

**NAME AND ADDRESS TO REMIT PAYMENT**

	<b>NAME (Vendor Name 1)</b> Enter name that belongs to above SSN or EIN number under which taxes are filed. Use same name as <b>IRS FORM W-9</b> . See <b>W-9</b> instructions under "Name".
	<b>BUSINESS NAME (Vendor Name 2)</b> Business name or DBA, if different than above. Use same name as <b>IRS FORM W-9</b> . See <b>W-9</b> instructions under "Business Name".
	<b>ADDRESS (Vendor Mailing Address)</b> CITY, STATE ZIP CODE
	<b>PHONE (Contact Phone Number)</b>
	<b>CONTACT NAME or OTHER INFORMATION</b>

**ELECTRONIC PAYMENT INFORMATION**

Send a **voided check** (not a deposit slip) or bank verification of your checking/savings account number to receive pmts electronically.

ACCOUNT NUMBER	ACCOUNT NAME	ACCOUNT TYPE
		C – Checking Account
		S – Savings Account
<b>SIGNATURE of Authorized signer on account:</b>		